

PLAINTIFF Beau D. Jammes		COURT CASE NUMBER 18-CV-493	
DEFENDANT Sgt McQuaid et al		TYPE OF PROCESS Order, 4th Amended Complaint, Notice, Waiver	
SERVE AT	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sgt McQuaid		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Beau D. Jammes 511 N Superior St Apt #1 Appleton, WI 54911		Number of process to be served with this Form 285	
		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney or other Originator requesting service on behalf of: Beau D. Jammes		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 03/07/2019
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.		Signature of Authorized USMS Deputy or Clerk _____ Date _____	
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee _____	Total Mileage Charges (including endeavors) _____	Forwarding Fee _____	Total Charges _____
Advance Deposits _____		Amount owed to U.S. Marshal* or (Amount of Refund*) _____	

REMARKS

PLAINTIFF Beau D. Jammes		COURT CASE NUMBER 18-CV-493	
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SERVE AT	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Officer Ryan		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
Beau D. Jammes 511 N Superior St Apt #1 Appleton, WI 54911		Number of parties to be served in this case	
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Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
_____	_____	_____	_____
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	
_____		_____	

REMARKS

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	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
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Beau D. Jammes 511 N Superior St Apt #1 Appleton, WI 54911		Number of parties to be served in this case	
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